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Health Care & Pharma

Their time: The LGBTQ community is in the public consciousness like never before. We explore how some health care centers are changing in an effort to meet its needs.

By **Anjalee Khemlani**, June 20, 2016 at 3:00 AM



Morristown Medical Center flew a pride flag at half staff following the tragedy in Orlando, Florida. - (PHOTO BY AARON HOUSTON)

Whether it is a result of the media attention on marriage equality and bathroom bills, exposure to celebrities such as Laverne Cox and Caitlyn Jenner or an evolutionary step in society, health care professionals are seeing an increase of transgender and gender fluid patients — and have begun actively learning better ways to care for them.

Petros Levounis, chair of the department of psychiatry at Rutgers New Jersey Medical School, said when it comes to the topic of health care for the LGBTQ population, the group gets the runaround.

“Transgender people have faced two different problems,” he said. “One is flat-out discrimination, stigma, bias, prejudice. But there is another one, and that is ignorance (among medically trained individuals).”

The result, he said, is a total lack of care.

“(Doctors) are paralyzed if a transgender person walks into an emergency room,” Levounis said. “They don’t know what to do and, very often, they do nothing. It’s the worst thing you can do, to isolate a person.”

Health care for the transgender population was the focus of a Rutgers Department of Psychiatry event that drew more than 200 in Newark earlier this month.

The event focused on the burden on psychiatrists to care for the transgender population, which — at least anecdotally at this point — is growing rapidly in the state.

“The point of this conference was to address that kind of paralysis and give people some tools so they can treat transgender persons appropriately,” Levounis said.

“It’s an area that is exploding.”

Especially among pediatric patients.

Changes in coverage

You may be surprised to learn that gender identity care (gender dysphoria, as it is diagnosed) is covered for adolescents under the newest medical billing codes.

Perhaps more surprising: It often is not for adults.

Eric Yarbrough, director of psychiatry at Callen-Lorde Community Health Center in New York City, described such an instance at recent a Rutgers Department of Psychiatry event in Newark.

He explained that insurers will sometimes ask for the gender on the insurance card to be changed prior to the reassignment surgery in order to approve coverage of the surgery. But once the identity is changed on the card, the insurers deny the claim.

Yarbrough said the insurer can claim the identity is already on the card, so why, for example, is a surgery being done for an identified male to become a male?

Regardless of how the tug of war is played between insurers and providers, audience members agreed with Yarbrough when he made the following statement.

“The goal would be to remove it from mental health altogether,” he said. “Ultimately, I think five to 10 years from now it will be an endocrine-type diagnosis, and a medical diagnosis, and people who work with these patients can refer them (to psychiatrists for other reasons) and not because they are transgender.”

So much so, in fact, that some hospitals are making the issue a higher priority.

Walter Rosenfeld, the chair of pediatrics at the Goryeb Children’s Hospital in Morristown, said he now has a team focused on training residents on caring for LGBTQ patients.

It is crucial for the doctors in the field to know more, especially when caring for patients already going through many changes in their bodies, Rosenfeld said.

“When a lot of kids who, at least, as late as adolescence, come to the fore, they realize they are different than their peers,” Rosenfeld said. “If a (doctor) doesn’t ask the right questions the right way, that person is going to feel like not explaining what is going on.

“The Q, question part, which is how I use the Q, is important when dealing with the young population.”

Rosenfeld said learning how to address LGBTQ patients is a huge part of treatment.

“If you ask kids, ‘Do you do drugs?’ they say, ‘No.’”

It’s the same way with LGBTQ, Rosenfeld said. Asking about, for example, relationships with the assumption of heterosexuality, is going to yield a similar lack of honesty, he said.

“We need to convey to patients that you get it, you are not biased,” he said. “You are not making assumptions of who they are or what they think.”

The impact of Orlando

Opening a clinic program for the transgender population is something that Rutgers, like other academic medical institutions, has been considering, according to Ian Marshall, the chief of the division of pediatric endocrinology at Rutgers-Robert Wood Johnson Medical School.

Though those discussions have been ongoing, a meeting last week was forced to address a new concern, following the terror attack on a gay nightclub in Orlando, Florida.

Marshall said the attack has some concerned that by advertising a clinic program, which would also be easily searchable on the Internet, the clinic could become a target — similar to the way Planned Parenthood offices have been targeted in the recent past.

Marshall, however, remains committed, saying there is a growing need in the community for one-stop health care shop, despite the unknown data of just how large the LGBTQ population in New Jersey is.

“A few years ago, I started with one patient and now I have more than 20,” he said. “There seems to be a need not driven by quantity, but driven by the complexity (of care).”

Between psychological care, OB/GYN, primary care, hormone therapy and all other needs for the transgender community, a clinic with all the support staff and providers on hand makes more sense, he said.

“Essentially, it’s a more efficient way of doing it,” Marshall said. “Your brain is tuned in.” — *Anjalee Khemlani*



Ian Marshall

And there is a business case for ramping up LGBTQ training. The obvious result is an increase in volume when word gets out about LGBTQ-friendly care.

"It makes sense," Rosenfeld said. "There are a lot of people not getting the right services. We have interest and expertise, so they come to us. The volume has grown."

Rosenfeld said training to work with LGBTQ patients is similar to how hospitals work to understand different ethnicities and cultures.

"If we were in Chinatown, how could we meet the needs if we're not sensitive to cultural differences like language and signage," he said. "Similarly, we have to be culturally sensitive to the community. If we didn't have a transgender program, we wouldn't have that business. It increases patient volume because we have specialized services."

So far, that means about 20 patients that the hospital wouldn't have had before. But it is hard to gauge the actual number of patients coming because of the LGBTQ services.

"We don't ask patients if they came to us because we are LGBTQ-certified," Rosenfeld said.

But, he said, anecdotally there is evidence. Just as there is evidence that gender fluidity is an area of a growing patient population.

Rosenfeld said the media has something to do with it, but it's still too new to tell.

"There is a lot of questioning still going on," he said.

Ian Marshall, chief of the division of pediatric endocrinology at Rutgers-Robert Wood Johnson Medical School, who also was in attendance, said he agrees there has been an increase in LGBTQ patients.

"The more common it's becoming has led to more need for doctors to be clued in," Marshall said. "It's amazing now, knowing that 10, 15 years ago, we weren't discussing it. Now you have different institutions trying to (reach) these patients."

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